

AO 239 (01/09, Minn. Dist. Ct. MODIFIED 10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

| | | | | | | | | |
|--|----|------------------------|----|------|----|------|----|------|
| Retirement (such as social security, pensions, annuities, insurance) | \$ | | \$ | | \$ | | \$ | |
| Disability (such as social security, insurance payments) | \$ | 857 ⁰⁰ | \$ | | \$ | | \$ | |
| Unemployment payments | \$ | | \$ | | \$ | | \$ | |
| Public-assistance (such as welfare) | \$ | | \$ | | \$ | | \$ | |
| Other (specify): | \$ | | \$ | | \$ | | \$ | |
| Total monthly income: | \$ | 857 ⁰⁰ 0.00 | \$ | 0.00 | \$ | 0.00 | \$ | 0.00 |

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| Employer | Address | Dates of employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
| | | | \$ |
| | | | \$ |

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| Employer | Address | Dates of employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

4. How much cash do you and your spouse have? \$ _____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

| Financial institution | Type of account | Amount you have | Amount your spouse has |
|-----------------------|-----------------|-----------------|------------------------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

If you are a prisoner, you must have an authorized prison official complete the Certificate of Authorized Prison Official provided on Page 6 of this application. The certificate must be filed with this application.

AO 239 (01/09; Minn. Dist. Ct. MODIFIED 10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

| Assets owned by you or your spouse | |
|------------------------------------|----------|
| Home (Value) | \$ |
| Other real estate (Value) | \$ |
| Motor vehicle #1 (Value) 4,000 | \$ 4,000 |
| Make and year: Ford / 1990 | |
| Model: Ford, V | |
| Registration #: | |
| Motor vehicle #2 (Value) | \$ |
| Make and year: | |
| Model: | |
| Registration #: | |
| Other assets (Value) | \$ |
| Other assets (Value) | \$ |

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

| Person owing you or your spouse money | Amount owed to you | Amount owed to your spouse |
|---------------------------------------|--------------------|----------------------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

7. State the persons who rely on you or your spouse for support.

| Name (or, if under 18, initials only) | Relationship | Age |
|---------------------------------------|--------------|-----|
| Mike Wilson | Brother | 44 |
| Eddie Wilson | Brother | 52 |
| Verna Wilson | Sister | 56 |

AO 239 (01/09; Minn. Dist. Ct. MODIFIED 10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

| | You | Your spouse |
|--|-----------------------|-------------|
| Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | \$ 4-80 ⁰⁰ | \$ — |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | \$ 50 ⁰⁰ | \$ — |
| Home maintenance (repairs and upkeep) | \$ — | \$ — |
| Food | \$ 100 ⁰⁰ | \$ — |
| Clothing | \$ 80 ⁰⁰ | \$ — |
| Laundry and dry-cleaning | \$ 20 ⁰⁰ | \$ — |
| Medical and dental expenses | \$ 30 ⁰⁰ | \$ — |
| Transportation (not including motor vehicle payments) | \$ 25 ⁰⁰ | \$ — |
| Recreation, entertainment, newspapers, magazines, etc. | \$ 20 ⁰⁰ | \$ — |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's: | \$ — | \$ — |
| Life: | \$ — | \$ — |
| Health: | \$ — | \$ — |
| Motor vehicle: | \$ — | \$ — |
| Other: | \$ — | \$ — |
| Taxes (not deducted from wages or included in mortgage payments) (specify): | \$ — | \$ — |
| Installment payments | | |
| Motor vehicle: | \$ — | \$ — |
| Credit card (name): | \$ — | \$ — |
| Department store (name): | \$ — | \$ — |
| Other: | \$ — | \$ — |
| Alimony, maintenance, and support paid to others | \$ — | \$ — |

AO 239 (01/09, Minn. Dist. Ct. MODIFIED 10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

| | | |
|---|-----------|---------|
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | \$ | \$ |
| Other (specify): | \$ | \$ |
| Total monthly expenses: | \$ 895.00 | \$ 0.00 |

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$
If yes, state the attorney's name, address, and telephone number:

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form? ☒ Yes ☐ No

If yes, how much? \$ Library
If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

my family need money from me for support in helping them with their bill and I owned out money that I am paying on!

13. Identify the city and state of your legal residence.

Your daytime phone number:

Your age: 45

Your years of schooling: 10

Last four digits of your social-security number:

Cedric M Wilson 612 212 8519
Sister 618 363 1598
Boother 952 212
Nick → 7825

Prisoners: The following Certificate page *must* be completed by an authorized prison official and provided with this application.

Mark 612 481
8692

C.M.W Victim of Harassment Electronics Satellite Surveillance

separately, beginning with number 7. Please write each single set of circumstances in a separately numbered paragraph.

7. The ~~Att~~ statements is what the N.S.A is doing to me the front page and and also Page 4 of 17. and other. From the base to the Satellites Sending Electromagnetic Radiation Energy to my whole body, Base, Satellite Surveillance Electromagnetic Radiation Energy to my whole Body!

Attach additional sheets of paper as necessary.

Check here if additional sheets of paper are attached: ☒

Please label the attached sheets of paper to as Additional Facts and continue to number the paragraphs consecutively.

REQUEST FOR RELIEF

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking.

Need turn the E H Off!
→ Death Threatening!

Forced Remote Neural Monitoring
Cedric Maurice Wilson Victim of

Signed this CW day of 8-23-13
10-30-13

Signature of Plaintiff Cedric M Wilbur

Mailing Address 929 Aurora Ave, Apt 3 Rm 2
Ransey 55104

Telephone Number 612 354 0650

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide his/her mailing address and telephone number. Attach additional sheets of paper as necessary.

Necessary is Attach
additional Sheets 1 CW

8-23-13
10-30-13

Amendments, Civil Liberties,
Constitutionals Right
is being brokend!

JURISDICTION

Federal courts are courts of limited jurisdiction. Generally, two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount of damages is more than \$75,000 is a diversity of citizenship case.

3. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Question

☒ Diversity of Citizenship

4. If the basis for jurisdiction is Federal Question, which Federal Constitutional, statutory or treaty right is at issue? List all that apply.

All of my Constitutional Rights
are being Brokend!

5. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party? Each Plaintiff must be diverse from each Defendant for diversity jurisdiction.

Plaintiff Name: Cedric Maurice Wilson State of Citizenship: U.S.A

Defendant No. 1: National State of Citizenship: U.S.A

Defendant No. 2: Security Agency State of Citizenship: U.S.A

Attach additional sheets of paper as necessary and label this information as paragraph

5.

Check here if additional sheets of paper are attached. ☒

6. What is the basis for venue in the District of Minnesota? (check all that apply)

☒ Defendant(s) reside in Minnesota

☒ Facts alleged below primarily occurred in Minnesota

☒ Other: explain

Minnesota and all

STATEMENT OF THE CLAIM

Describe in the space provided below the basic facts of your claim. The description of facts should include a specific explanation of how, where, and when each of the defendants named in the caption violated the law, and how you were harmed. Each paragraph must be numbered

Amendments Civil Liberties Constitutional
Right is being violated brokend!
Page 4 of 17 will how it work!

2. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption.

a. Defendant No. 1

Name

National Security Agency

Street Address

9800 Savage Rd, Fort

County, City

Meade,

State & Zip Code

MD 20755 Phone 301-688-

6524

b. Defendant No. 2

Name

Street Address

County, City

State & Zip Code

c. Defendant No. 3

Name

Street Address

County, City

State & Zip Code

NOTE: IF THERE ARE ADDITIONAL PLAINTIFFS OR DEFENDANTS, PLEASE PROVIDE THEIR NAMES AND ADDRESSES ON A SEPARATE SHEET OF PAPER.

Check here if additional sheets of paper are attached ☒

Please label the attached sheets of paper to correspond to the appropriate numbered paragraph above (e.g. Additional Defendants 2.d., 2.e., etc.)

*GOD Help this matter Victim
Come to better than war*

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I need you all help thank you

UNITED STATES DISTRICT COURT

N, S, A, Harassment

Cedric M Wilson
Plaintiff/Petitioner

EH, Harassment = Sending Electromagnetic Radiation Energy to My whole body

OPPOSITION PART

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Long Form)

from the Satellites

RECEIVED

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am not paying the costs of these proceedings and I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claim.

Signed: *Cedric M Wilson*

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Surveillance

EH need turn off

R.N.I.M

8-21-13
8-23-13
10-30-13

- For both you and your spouse estimate the average monthly income during the past 12 months. Adjust any amount that is received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

| Income source | Average monthly income amount during the past 12 months | | Income amount expected next month | |
|---|---|--------|-----------------------------------|--------|
| | You | Spouse | You | Spouse |
| Employment | \$ | \$ | \$ | \$ |
| Self-employment | \$ | \$ | \$ | \$ |
| Income from real property (such as rental income) | \$ | \$ | \$ | \$ |
| Interest and dividends | \$ | \$ | \$ | \$ |
| Gifts | \$ | \$ | \$ | \$ |
| Alimony | \$ | \$ | \$ | \$ |
| Child support | \$ | \$ | \$ | \$ |

*Without Consent
My Civil Liberties
Constitution, Privacy
Bill Civil Rights*

IS Being Broken!

*FCC, FBI
Agrees to get
my EH turn off*

SCANNED
AUG 22 2013
U.S. DISTRICT COURT ST. PAUL, MINNESOTA